

# CITY OF SAN JOSE BENEFICIARY DESIGNATION

## Deferred Compensation's Consent of Spouse Beneficiary Change Form

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

This beneficiary designation supersedes all previous beneficiary designations. Primary beneficiaries share equally, unless a percentage is specified. Contingent (secondary) beneficiaries are paid only if no primary beneficiaries are still living. Contingent beneficiaries would then share equally, unless otherwise specified.

### DEFERRED COMPENSATION BENEFICIARIES

Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**DEFERRED COMPENSATION BENEFICIARIES:** If a participant's spouse is NOT designated at least 50% primary beneficiary, spouse must sign consent. **Consent of Spouse:** Being the participant's spouse, I hereby consent to the above Deferred Compensation beneficiary designation.

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_